



FEB-14-06 11:28AM FROM-AKERMANN SENTERFITT

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T-840 P.01/04 F-881



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FAX COVER SHEET

From: Pablo Meles

Date: February 14, 2006

PLEASE DELIVER 4 PAGE(S) (including cover sheet) TO:

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Comments/Special Instructions

METHOD AND APPARATUS FOR CONTENT BLOCKING - 10/039,324

Please find attached formal papers relating to the Issue Fee in connection with the above-referenced patent application. Please charge issue fee of \$1000.00 and any additional fee(s) or underpayments of fee(s) to deposit account number 50-0951 - AKERMAN SENTERFITT.

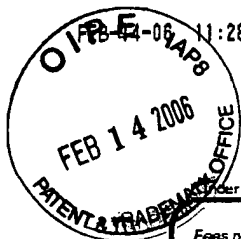
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;WP285721.1}



PTO/SB/17 (01-05)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1000.00

Complete if Known

Application Number	10/039,324
Filing Date	12/31/2001
First Named Inventor	Rindsberg, M.
Examiner Name	Lo, Darin C.
Art Unit	2683
Attorney Docket No.	7042-10

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____
- ☒ Deposit Account Deposit Account Number: 50-0951 Deposit Account Name: Akerman Senterfitt
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: _____ Extra Sheets: _____ Number of each additional 50 or fraction thereof: _____ Fee (\$): _____ Fee Paid (\$): _____

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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) Issue Fee and Publication Fee

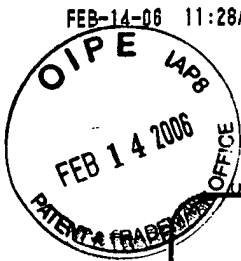
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SUBMITTED BY

Signature	<u>Pablo Meles</u>	Registration No. (Attorney/Agent)	33,739	Telephone	561-653-5000
Name (Print/Type)	Pablo Meles			Date	02/14/2006

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number	10/039,324
Filing Date	12/31/2001
First Named Inventor	Rinasberg
Art Unit	2883
Examiner Name	Le, Danh C
Attorney Docket Number	7042-10

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendments/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) PTO-85
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	Pablo Meles		
Date	February 14, 2006	Reg. No	33,739

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